

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

**NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)**

APPLICATION NUMBER: 9/670 723

Total Fee Calculations

	7-12	7-13	7-14	7-15	7-16	7-17	7-18
Sum of 7-12	104						
Sum of 7-13							
Sum of 7-14							
Sum of 7-15							
Sum of 7-16							
Sum of 7-17							
Sum of 7-18							
Sum of 7-12 - 7-13	104						
Sum of 7-13 - 7-14		89					
Sum of 7-14 - 7-15			69				
Sum of 7-15 - 7-16				1			
Sum of 7-16 - 7-17					78		
Sum of 7-17 - 7-18						78	
Sum of 7-18 - 7-12							
Sum of 7-12 - 7-13 - 7-14							
Sum of 7-13 - 7-14 - 7-15							
Sum of 7-14 - 7-15 - 7-16							
Sum of 7-15 - 7-16 - 7-17							
Sum of 7-16 - 7-17 - 7-18							
Sum of 7-17 - 7-18 - 7-12							
Sum of 7-18 - 7-12 - 7-13							
Sum of 7-12 - 7-13 - 7-14 - 7-15							
Sum of 7-13 - 7-14 - 7-15 - 7-16							
Sum of 7-14 - 7-15 - 7-16 - 7-17							
Sum of 7-15 - 7-16 - 7-17 - 7-18							
Sum of 7-16 - 7-17 - 7-18 - 7-12							
Sum of 7-17 - 7-18 - 7-12 - 7-13							
Sum of 7-18 - 7-12 - 7-13 - 7-14							
Sum of 7-12 - 7-13 - 7-14 - 7-15 - 7-16							
Sum of 7-13 - 7-14 - 7-15 - 7-16 - 7-17							
Sum of 7-14 - 7-15 - 7-16 - 7-17 - 7-18							
Sum of 7-15 - 7-16 - 7-17 - 7-18 - 7-12							
Sum of 7-16 - 7-17 - 7-18 - 7-12 - 7-13							
Sum of 7-17 - 7-18 - 7-12 - 7-13 - 7-14							
Sum of 7-18 - 7-12 - 7-13 - 7-14 - 7-15							
Sum of 7-12 - 7-13 - 7-14 - 7-15 - 7-16 - 7-17							
Sum of 7-13 - 7-14 - 7-15 - 7-16 - 7-17 - 7-18							
Sum of 7-14 - 7-15 - 7-16 - 7-17 - 7-18 - 7-12							
Sum of 7-15 - 7-16 - 7-17 - 7-18 - 7-12 - 7-13							
Sum of 7-16 - 7-17 - 7-18 - 7-12 - 7-13 - 7-14							
Sum of 7-17 - 7-18 - 7-12 - 7-13 - 7-14 - 7-15							
Sum of 7-18 - 7-12 - 7-13 - 7-14 - 7-15 - 7-16							
Sum of 7-12 - 7-13 - 7-14 - 7-15 - 7-16 - 7-17 - 7-18							

TESTING FOR CAVITATION

2140

Figure 3. The effect of the number of nodes on the performance of the proposed method.

1. Billing Fees Due = \$ 2140.00

Less Filing Fees Submitted as ✓

BALANCE DUE = \$ 2140.00

Page 6

Office of Initial Patent Examination

Figure 7

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/21/01 2 Serial/Patent # 09/670,783

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$ <u>1388</u>

		7 TOTAL AMOUNT OF REFUND	\$ <u>1388</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Overpayment	Treasury Check	
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	<u>03-2640</u>
No Fee Due (Explanation):			

10 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
<input checked="" type="checkbox"/>	Duplicate Payment		
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:	<u>Tanya Clark</u>	TITLE:	<u>Lead</u>
SIGNATURE:	<u>Tanya Clark</u>	PHONE:	
OFFICE:	<u>OPPE</u>	*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED:		DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B